

3

# Lake County, Indiana License Bond

Bond No.: 0533347

KNOW ALL MEN BY THESE PRESENTS, that GWS Lighting & Signs powered by Apex Electric  
located at (address/city/state/zip) 511 N RANGE LINE RD, MORRISTOWN, IN 46161-9641 as  
Principal; (hereinafter called Principal) and The Cincinnati Insurance Company, as Surety (hereinafter called Surety)  
are held and firmly bound unto the **Board of Commissioners of the County of Lake, State of Indiana and any Cities,  
Towns, and Municipalities in Lake County, Indiana**, as Obligee (hereinafter called Obligee) in the full and just sum of  
Five Thousand and No/100  
Dollars ( \$5,000.00 ) to be paid to said Obligee, its successors and assigns, for the payment thereof well and  
truly to be made, we jointly and severally bind ourselves, our heirs, executors, administrators, successors and assigns  
firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION ARE SUCH, that  
WHEREAS, the Principal is an applicant for a Sign Contractor license, and

WHEREAS, the Principal shall save and hold harmless the Obligee or any unknown third party from any loss, costs and  
damages, expenses or liability of any kind resulting from the issuance of said license or permit, and

WHEREAS, the said Principal will conform in all respects to the ordinances and building codes of the Obligee while  
performing Sign Contractor work, and

WHEREAS, the effective date of this bond is August 18, 20 11.

NOW, THEREFORE, if the license shall be issued to the Principal who shall conform to the ordinances and codes,  
including all amendments thereto, of the Obligee, then this obligation shall be void, otherwise, the same shall remain in  
full force and effect until:

**DEFINITE TERM** ending August 18, 20 12 unless renewed by Continuation Certificate.

- IT IS HEREBY AGREED AND UNDERSTOOD, that
- (1) Regardless of the number of years this bond shall remain in force and the number of annual premiums paid  
thereafter, the aggregate liability of the Surety hereunder is limited to the penal sum of this bond and any payment  
or payments made shall reduce the amount of the bond to the extent of such payment or payments.
  - (2) The Surety reserves the right to cancel this bond by giving thirty (30) days written notice to the obligee and on the  
effective date of such thirty (30) day cancellation notice, the surety is discharged and relieved of any liability,  
being understood and agreed, however, that the said principal and said Surety will be liable for any loss accruing up  
to the effective date of said thirty (30) day cancellation notice, in no event, however, in excess of the penalty of the  
bond.

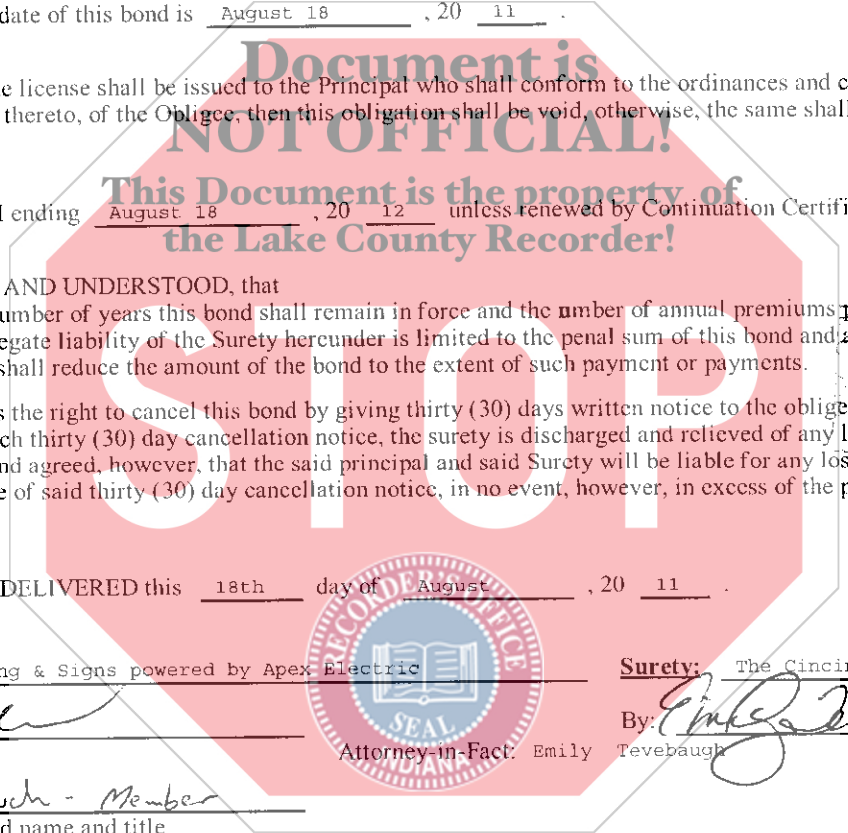
SIGNED, SEALED AND DELIVERED this 18th day of August, 20 11.

**Principal:** GWS Lighting & Signs powered by Apex Electric **Surety:** The Cincinnati Insurance Company  
By: [Signature] By: [Signature]  
Attorney-in-Fact: Emily Tevebaugh  
Steven R. Cash - Member  
Printed name and title

I affirm, under the penalties of perjury, that I have taken reasonable care to redact  
each Social Security number in this document, unless required by law.

**\*\*Power of Attorney must be attached to the bond to be valid\*\***

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THE CINCINNATI INSURANCE COMPANY

Fairfield, Ohio

POWER OF ATTORNEY

0533347

KNOW ALL MEN BY THESE PRESENTS: That THE CINCINNATI INSURANCE COMPANY, a corporation organized under the laws of the State of Ohio, and having its principal office in the City of Fairfield, Ohio, does hereby constitute and appoint

Emily Tevebaugh

of Greenfield, IN its true and lawful Attorney(s)-in-Fact to sign, execute, seal and deliver on its behalf as Surety, and as its act and deed, any and all bonds, policies, undertakings, or other like instruments, as follows:

Any such obligations in the United States, Ten Million and No/100 Dollars (\$10,000,000.00).

This appointment is made under and by authority of the following resolution passed by the Board of Directors of said Company at a meeting held in the principal office of the Company, a quorum being present and voting, on the 6th day of December, 1958, which resolution is still in effect:

RESOLVED, that the President or any Vice President be hereby authorized, and empowered to appoint Attorneys-in-Fact of the Company to execute any and all bonds, policies, undertakings, or other like instruments on behalf of the Corporation, and may authorize any officer or any such Attorney-in-Fact to affix the corporate seal; and may with or without cause modify or revoke any such appointment or authority. Any such writings so executed by such Attorneys-in-Fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company.

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of the Company at a meeting duly called and held on the 7th day of December, 1973.

RESOLVED, that the signature of the President or a Vice President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Secretary or Assistant Secretary and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power of certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certified by certificate so executed and sealed shall, with respect to any bond or undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS WHEREOF, THE CINCINNATI INSURANCE COMPANY has caused these presents to be sealed with its corporate seal, duly attested by its Vice President this 1st day of April, 2007.



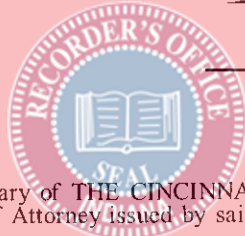
STATE OF OHIO )
COUNTY OF BUTLER )

) ss: )

Document is NOT OFFICIAL! THE CINCINNATI INSURANCE COMPANY This Document is the property of the Lake County Recorder! [Signature]

Vice President

On this 1st day of April, 2007, before me came the above-named Vice President of THE CINCINNATI INSURANCE COMPANY, to me personally known to be the officer described herein, and acknowledged that the seal affixed to the preceding instrument is the corporate seal of said Company and the corporate seal and the signature of the officer were duly affixed and subscribed to said instrument by the authority and direction of said corporation.



[Signature of Mark J. Huller]

MARK J. HULLER, Attorney at Law
NOTARY PUBLIC - STATE OF OHIO
My commission has no expiration date. Section 147.03 O.R.C.

I, the undersigned Secretary or Assistant Secretary of THE CINCINNATI INSURANCE COMPANY, hereby certify that the above is a true and correct copy of the Original Power of Attorney issued by said Company, and do hereby further certify that the said Power of Attorney is still in full force and effect.

GIVEN under my hand and seal of said Company at Fairfield, Ohio, this 18th day of August 2011



[Signature of Gregory J. Schlemmer]
Secretary



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: ES

DATE (MM/DD/YYYY)

08/18/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> PENCE, LOW, & BROOKS INSURANCE PO Box 825, 802 E. Main St. Greenfield, IN 46140- Paul F. McManus, CIC		317-462-9204	<b>CONTACT NAME:</b> Jason Carter <b>PHONE (A/C, No, Ext):</b> 317-326-1325 <b>FAX (A/C, No):</b> 317-326-2385 <b>E-MAIL ADDRESS:</b> <b>PRODUCER CUSTOMER ID #:</b> APEXE-1
<b>INSURED</b> GSW Lighting & Signs Powered by Apex Electric, Inc. 500 Range Line Road Morristown, IN 46161	<b>INSURER(S) AFFORDING COVERAGE</b> NAIC # <b>INSURER A:</b> The Cincinnati Insurance Co <b>INSURER B:</b> Carolina Casualty Ins. Co. <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR: WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Add Insd <input checked="" type="checkbox"/> Contractual Incl. GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO-JECT    LOC		EPP0076930	04/29/11	04/29/12	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		EPP0076930	04/29/11	04/29/12	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB        CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ -0-		EPP0076930	04/29/11	04/29/12	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N    N/A	BNUWC0116749 ALL STATE ENDMT	04/29/11	04/29/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS    OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	<b>L/P Bond</b> Sign Contractor		B0533347	08/18/11	08/18/12	L/P Bond 5,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)						

<b>CERTIFICATE HOLDER</b> COUNLA1 County of Lake 2293 N Main Street Crown Point, IN 46307-1854	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Paul F. McManus, CIC
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